630666.91179

-Express Mail Label No. EV 161877987 US

DECLARATION FOR UTILITY OR

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DESIG	SN	First Named In	First Named Inventor Scott P. Steinmann			
PATENT APP			COMPLETE IF KNOWN			
(37 CFR	1.63)	Application Nu	mber			
Declaration Submitted OR with Initial	Declaration	Filing Date				
	Submitted after Initial Filling (surcharge	al Art Unit				
Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	e			
I hereby declare that:						
Each inventor's residence, mailin	a address, and citizenshi	o are as stated below ne	ext to their nam	A		
I believe the inventor(s) named be patent is sought on the invention	slow to be the original ar					
		EPLACEMENT SY	STEM			
	(Title of ti	he Invention)		·		
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY		as United St	tates Applicatio	n Number or PCT International		
Application Number	and was a	mended on (MM/DD/YY	YY)	(if applicable).		
44						
I hereby state that I have reviewe amended by any amendment spe	d and understand the cor cifically referred to above	ntents of the above ident	ifiad specificati	on, including the claims, as		
l acknowledge the duty to disclose	information which is ma	iterial to patentability as	defined in 37 C	FR 1.56, including for continuation-		
PCT international filing date of the	continuation-in-part app	allable between the filing lication.	date of the ph	or application and the national or		
or plant breeder's nghts certificate than the United States of Americ patent, inventor's or plant breede application on which priority is cial	e(s), or 303(a) or any P a, listed below and have a's rights certificate(s), or	9(a)-(d) or (f), or 365(b) CT International applica e also identified below, r any PCT International	of any foreign tion which des by checking the application have	application(s) for patent, inventor's ignated at least one country other ne box, any foreign application for fing a filing date before that of the		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?		
		/minn PD/ 1 1 4 1 1	HOL CHAIRTIBO	YES NO		
			H			
Additional foreign application		Supplemental priority dat	a sheet PTO/S	B/02B attached hereto:		

ج بيا

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwark Reduction Act of 1885, no persons are required to respond to a collection of information unless it contains a valid OMB control number. DECLARATION — Utility or Design Patent Application

DESCRIPTION — Stiffy of Design Fatent Application							
Direct all correspondence to:	Customer Number 26710			OR 🗆	Correspondence address below		
Name				·	-		
Address					· · · · · · · · · · · · · · · · · · ·		
Address	<u>.</u>	<u> </u>		1			
City				State		ZIP	
Country	Country		16			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fi	ed for this unsigned inventor	
Given Name Scott P. (first and middle [if any])				Family Name Steinmann or Sumame			
Inventor's Signature				Date / 28 /04			
Residence: City Rochester State MN			State MN		Country	Citizenship US	
Mailing Address 1118 Plummer Circle, SW							
Malling Address		_					
City Rochester	State MN			ZIP 55	5902	Country US	
NAME OF SECOND INVENTOR	:			A petiti	on has been fil	ed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City			State		Country		
Mailing Address							
Mailing Address							
City	State			ZIP		Country	
Additional Inventors are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

[Page 2 of 2 _]

Please type	a plus	sign (+)	inside	this box		+	l
-------------	--------	----------	--------	----------	---------	---	---

PTO/9B/61 (02-01) Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1896, no parsons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Filed Herewith
First Named Inventor	Scott P. Steinmann
Title	RADIAL HEAD REPLACEMENT
Group Art Unit	
Examiner Name	
Attorney Docket Number	630666.91179

I hereby app	point:					ĵ
OR		Customer Number	26710		Place Customer Bar Code Leb	oel here
	71101 (0)	Name		Pogiete	-Alexa Museula and	
		Name		Registr	ation Number	
<u> </u>						
as my/our attor	rnev(s) or	agent(s) to prose	cute the application id	lestified above		
business in the	≥ United S	States Patent and	Trademark Office con	nected therewi	and to transact all th.	
Please change	the corre	spondence addres	ss for the above-ident			-
The above	e-mention	ed Customer Num	nber.			
OR Depositions	0					
OR Practitions	≱rs at Cus	stomer Number				
Firm or						
Individual N	lame					
Address						
Address City						
Country	-			State	Zip	
Telephone						
I am the:	<u> </u>			Fax		
	nt/Invento	r				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
Stateme	nt under					
			Applicant or Assigne	e of Record		
Name	Scott P.	Steinmann				
Signature	5	XIP				
Date	1	125/04				
NOTE: Signatures of all forms if more than one	I the invento	ors or assignees of rec	ord of the entire interest or	r their representativ	ve(s) are required. Submit mu	itiple
Total of		ne are submitted.				<u> </u>
usden Heur Stelemant, This		o are submitted.				

Burdon Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.